



Delta Dental PPO PLAN
Adams County School District 14 – Group #0000001065

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|---|---------------------------|--|---|
| MAXIMUM BENEFIT | | \$1,500 per person | |
| Calendar Year | | \$1,500 per person | |
| Orthodontic Lifetime | | | |
| CALENDAR YEAR DEDUCTIBLE | | Per Person Deductible - \$25.00 for PPO dentist | |
| Applies to Basic and Major Services, except for fillings | | Per Person Deductible - \$50.00 for Premier and non-participating dentist | |
| WHO CAN BE COVERED | | Employee, Spouse and Dependent Children to age 26. Orthodontics for employees, spouses & dependent children. | |
| PREVENTION FIRST | | Diagnostic and Preventive services do not count toward your calendar year maximum. | |
| NETWORK | | COVERED SERVICES | BENEFIT INFORMATION (subject to Delta Dental guidelines) |
| PPO Dentist | PREMIER Or Non-Par | | |
| PREVENTIVE AND DIAGNOSTIC SERVICES | | | |
| 100% | 100% | Oral Evaluation | Limited to 2 evaluations in a 12 month period |
| | | Bitewing X-rays | Limited to 2 sets in a 12 month period |
| | | Full Mouth X-rays | Limited to 1 in a 36 month period |
| | | Routine Cleaning | Limited to 2 cleanings in a 12 month period – (if patient history shows prior periodontal treatment, 2 additional cleanings may be allowed) |
| | | Fluoride Treatments | Limited to 2 treatments in a 12 month period - to age 16 |
| | | Space Maintainers | For posterior primary teeth- to age 14 |
| | | Sealants | 1 per tooth in 36 months- to age 15 on unrestored molars |
| BASIC SERVICES Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions) | | | |
| 80% | 70% | Amalgam Fillings | Benefits on the same surface limited to 1 in 12 months |
| | | Resin, Composite Fillings | Benefits limited to anterior teeth only |
| 80% | 40% | General Anesthesia | Benefit with covered Oral Surgery only |
| | | Surgical Periodontal (gums) | Benefit once every 36 months |
| | | Root Canal Therapy | |
| MAJOR SERVICES (Crowns, Bridges, Partials, Dentures) | | | |
| 50% | 40% | Crowns | Benefit 1 in 60 months on same tooth- not a benefit under age 12 |
| | | Dentures, Partials, Bridges | Benefit 1 in 60 months- not a benefit under age 16 |
| ORTHODONTICS (Braces) | | | |
| 50% | 50% | Complete Orthodontic Evaluation. Active Orthodontic Treatment. For employees, spouses & dependents. | |

The PPO percentage of benefits is based on the PPO Schedule of Allowance.

The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance.

The Non-Participating percentage of benefits is limited to the non-participating Maximum Plan Allowance.

You will be responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the Dentist.

To Find a Dentist - www.deltadentalco.com Customer Service Phone # is 800 610-0201

Group has Annual Open Enrollment

Important Note: This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Employee Benefit Booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Employee Benefit Booklet, the Benefit Booklet will govern.

Delta Dental PPO plus Premier™



With the Delta Dental PPO plus Premier plan, you and your family members may visit any licensed provider. However, you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.

Advantages of the Delta Dental PPO Plus Premier Plan:

- SAVINGS:** Delta Dental providers offer our members the greatest savings and protection from balance-billing for covered services. That means they can't bill you for the difference between what they usually charge and the amount they've agreed to charge Delta Dental members. You can also ask your provider to submit a pre-determination estimate. Delta Dental will review the treatment plan and tell your provider how much you'd be responsible for so you'll have a clear understanding of cost prior to treatment.
- CHOICE:** If you choose to visit a Delta Dental Premier® provider, you'll still save money because Premier providers also accept discounted fees (however, discounts are not as great as if you see a PPO provider).
- NETWORK:** Delta Dental is the nation's largest provider of dental insurance, covering more than 85 million Americans, and offering the largest dental network with more than 154,000 participating providers nationwide. Network providers file claims directly with Delta Dental on your behalf and accept Delta Dental's reimbursement in full.

| Savings Example for a Major Procedure* | | | | | | | |
|--|------------------|----------------------|---------------------------------|--------------------------|---------------------------------|----------------------|-------------------------|
| | Estimated Charge | Maximum Allowed Fees | Percentage Paid by Delta Dental | Amount Delta Dental Pays | Amount Dentist can Balance-Bill | Total Amount You Pay | Your Total Cost Savings |
| PPO Network | \$1,200 | \$850 | 50% | \$425 | \$0 | \$425 | \$350 |
| Premier Network | \$1,200 | \$975 | 50% | \$487.50 | \$0 | \$487.50 | \$225 |
| Out of Network | \$1,200 | \$700 | 50% | \$350 | \$500 | \$850 | \$0 |

**NOTE: Payment examples above are for illustration purpose only. Check your specific plan for fees, coinsurance rates, and what procedures are considered "major", as they differ from plan to plan. Example assumes deductible has been met.*

It pays to use Delta Dental network providers — especially those in our PPO network. To find a participating provider or to see if your current provider is in the network, visit our website at deltadentalco.com and use the Find a Dentist search tool.

You can also contact our customer service department, Monday–Friday 7:30 a.m. to 5 p.m. Mountain Time, at customer_service@ddpco.com or 1-800-610-0201 (toll-free).